

Thank you for agreeing to observe a candidate as part of the programme to credential as a consultant-ready pharmacist. This is a brief guidance document to help you undertake your observation effectively.

#### **What role will I play?**

Your role is called a 'collaborator' or 'observer' and you will be observing the candidate and making judgments about their performance during a **supervised learning event (SLE)**.

Observers may be other healthcare professionals, non-clinical colleagues and/or patients, depending on the nature of the supervised learning event and what is being observed. The important thing is that you, as a collaborator, have the appropriate knowledge, skills and experience to make a valid judgment of the pharmacist in that context. For example, a patient collaborator is very well placed to make a judgment on a pharmacist's ability to undertake an effective consultation but is unlikely to be able to effectively judge their ability to effectively assess neurotoxicity.

#### **What is a supervised learning event?**

Supervised learning events (SLEs) are work-place observations of a candidate's performance. They are undertaken using set forms which are stored on the candidate's e-portfolio.

#### **How do I access the supervised learning event form?**

The pharmacist will grant you access to the form(s) to complete prior to the observation by email. You will then be asked to record your judgments and provide feedback to the candidate using an electronic form accessed by this email.

More information on how to technically complete the SLE forms can be found in the [e-portfolio technical guidance](#).

#### **What are the different SLEs for collaborators to complete?**

There are a wide range of potential SLE templates for the candidate to choose from. The candidate will choose the most appropriate ones depending on the educational context and on what they are trying to evidence.

A copy of all the SLE templates in word format can also be accessed on the [RPS website](#).

#### **How do I make a fair and valid judgment of the candidate's performance?**

Professional judgment is essential for assessing senior healthcare professionals, but we accept that judgments made in SLEs may be subjective. This is why we have asked candidates to present a broad range of different SLEs undertaken by a wide range of

collaborators/observers so we can gain a broad view of their ability. Lots of varied evidence will help dilute any subjectivity.

To help ensure your judgment is valid and fair, we recommend that you:

- **Read the curriculum outcomes** - Consider the outcome(s) you are assessing in the SLE you are undertaking. You should discuss this with the candidate as they will need to map the evidence against the curriculum outcomes. Read the outcome(s) carefully as well as the descriptors which give greater detail about the level of performance expected of someone working at this level. Is the candidate meeting these? - **See appendix 1**
- **Trust your professional 'gut'** - these authentic assessments are trying to capture your holistic professional judgment based on your experience so do not ignore this.
- **Be honest** - your judgment and feedback will help the candidate to identify areas of strength and development. It is essential you are honest with your judgments and feedback so that candidates understand how they can progress. In addition, patient safety must be paramount so, if a candidate is not yet reaching the required standard, you must record this.

### **How do I provide effective written feedback?**

Collaborators are required to provide written formative feedback for candidates following each SLE.

Each SLE form will ask you to identify:

- Strengths
- Areas for development
- Mutually agreed action points

When providing feedback, try to:

- **Be direct** – make sure the message is clear and not lost in long rambling sentences.
- **Be specific** – if you can, link the feedback directly to the wording in the specific outcomes and descriptors you are assessing against.
- **Be bespoke** – avoid generic bland statements and tailor the feedback to the candidate in front of you.
- **Be objective** – do not use emotive language, keep it factual and based on what you observed.
- **Be honest** – these assessments are low stakes and honest feedback is needed to help inform the candidate's learning.

### **Do supervised learning events need to be undertaken in person?**

SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate.

If you would like more information, please refer to the RPS consultant pharmacist collaborator guidance and the RPS consultant pharmacist curriculum.

## Appendix 1 - Curriculum outcomes & descriptors

	Capabilities		Outcomes		Descriptors	APF ref
<b>Domain 1</b>  <b>Person-centered care and collaboration</b>	Demonstrates high level communication and collaboration skills; able to communicate complex information to stakeholders in challenging environments to promote a collaborative approach across the healthcare system.	1.1	<b>Effectively communicates with patients and colleagues in highly challenging and/or hostile environments; manages the situation collaboratively to resolution.</b>	a.	Uses appropriate language to engage with the individual(s) concerned; adapts language and approach to mitigate the highly challenging and/or hostile environment.	2.1
				b.	Demonstrates empathy and actively listens; seeks to understand the situation from the perspective of each individual or party involved.	4.1
				c.	Maintains composure and clarity in their communication, providing a measured response, when challenged by other senior stakeholders.	
				d.	Ensures a person-centered approach to decision making, including in highly challenging and/or hostile situations.	
				e.	Demonstrates high levels of diplomacy to broker a collaborative solution in a complex environment; ensures individuals involved are clear on how the situation will be resolved.	
				f.	Supports and empowers colleagues to communicate effectively to manage highly challenging and/or hostile environments with patients and colleagues.	
		1.2	<b>Communicates highly complex, sensitive or contentious information to inform and influence senior pharmacy and non-pharmacy stakeholders from across the healthcare system; promotes a collaborative approach working across boundaries.</b>	a.	Presents complex information (including interpretation of new evidence) clearly and confidently through different media at a senior level both within and beyond their organisation.	2.1
				b.	Communicates and collaborates effectively with senior stakeholders within and beyond their organisation; influences senior stakeholders and gains their cooperation.	2.2
				c.	Anticipates and recognises potential barriers from stakeholders; persuades and negotiates effectively to achieve a collaborative approach.	6.4
				d.	Networks with a range of pharmacy and non-pharmacy organisations and stakeholders to shape, respond to, and implement policy and strategy beyond their organisation.	
				e.	Works collaboratively across boundaries to develop, promote, and implement guidelines, policies, and strategies influencing change beyond their organisation.	
				f.	Ensures strategic decisions to improve patient care in their area of clinical practice are effectively communicated and implemented across boundaries.	
<b>Domain 2</b>  <b>Professional practice</b>	Leads on the delivery of complex pharmaceutical care in dynamic and uncertain environments across boundaries.	2.1	<b>Possesses in-depth pharmaceutical knowledge and skills in defined clinical area(s); can apply these to manage individual patients and/or patient populations requiring the most complex pharmaceutical care.</b>	a.	Applies an advanced level <sup>1</sup> of clinical knowledge and skills in their area of clinical practice to deliver holistic person-centered pharmaceutical care.	1.1
				b.	Leads on the pharmaceutical care of complex patients and/or patient populations in their area of expertise based on the evidence-base and/or best practice.	1.3
		2.2		a.	Works as part of multi-disciplinary teams to lead the development and delivery of clinical services in their area of pharmaceutical expertise.	1.2
				b.	Analyses complex data to inform the delivery of high-quality services.	4.9

<sup>1</sup> Implies depth and breadth of knowledge in line with APF Mastery level.

			<b>Influences the delivery and quality assurance of clinical services across boundaries.<sup>2</sup></b>	<b>c.</b>	Improves the quality of patient care and achieves demonstrable improvements/outcomes for patients related to medicines.		
				<b>d.</b>	Delivers expertise on relevant pharmacoeconomic and policy issues relating to medicines at a strategic level.		
		2.3	<b>Demonstrates effective critical thinking, clinical reasoning and decision making where there is uncertainty, competing and/or complex clinical issues.</b>	<b>a.</b>	Supports and leads others, working at an organisational level and beyond <sup>3</sup> , to manage competing and complex priorities in unpredictable clinical environments.	1.3	
				<b>b.</b>	Manages clinical uncertainty by critically appraising the evidence-base and applying it to novel situations.	5.1	
				<b>c.</b>	Reaches appropriate decisions in challenging environments where there are competing priorities and/or an absence of reliable evidence.		
	<b>Shapes and implements regional and national policy and strategy in their area of clinical practice.</b>	2.4	<b>Implements regional and national policy and/or strategy at their level of influence within their area of clinical practice.</b>	<b>a.</b>	Leads on issues related to their area of clinical practice at an organisational level and/or beyond.	1.4	
<b>b.</b>				Accountable for the implementation and evaluation of pharmaceutical aspects of relevant guidelines, policies and strategies at an organisational level and/or beyond.	3.1		
<b>c.</b>				Initiates, implements, supports and monitors quality and governance systems and processes relating to their area of clinical practice at an organisational level and/or beyond.	4.1		
<b>d.</b>				Acts as a role model supporting the pharmacy team and other healthcare professionals with complex issues; supports them to deliver care that is responsive to changing regional and/or national needs.			
		2.5	<b>Translates expertise and research into the creation of new policy influencing practice beyond their organisation. demonstrably improving patient care.</b>	<b>a.</b>	Contributes to strategic policy creation beyond their organisation in their area of clinical practice.	1.1	
				<b>b.</b>	Evaluates the effectiveness of new strategies and/or policies to ensure they are having the desired improvement to patient care at an organisational level or beyond.		
<b>Domain 3</b>		<b>Leads on the strategic vision for implementing and innovating service delivery beyond their organisation; manages service change effectively to deliver demonstrable improvements to patients care.</b>	3.1	<b>Creates and embeds a shared strategic vision for service delivery within their organisation and beyond; relates goals and actions to wider strategic aims of the organisation, profession and healthcare system.</b>	<b>a.</b>	Defines a clear strategic vision aligned to organisational and national policies; leads on its implementation.	3.3
					<b>b.</b>	Anticipates barriers to realising a strategic vision, takes steps to mitigate these and achieve engagement from others.	3.5
	<b>c.</b>				Develops networks of influence and promotes shared agendas, building support for strategic vision both internally and externally to their organisation.	4.8	
	<b>d.</b>				Proactively demonstrates and promotes the value of pharmacy across healthcare systems.		
			3.2	<b>Leads on innovation and improvement to service delivery at organisational level and beyond; manages change effectively to achieve demonstrable improvement(s) to patient care.</b>	<b>a.</b>	Creates a culture which promotes and encourages innovation.	3.4
	<b>b.</b>				Promotes an evidence-based approach to drive service innovation.	4.6	
	<b>c.</b>				Reviews evaluations and wide stakeholder feedback to service development needs; places service users at the centre of any service change.	4.7	
	<b>d.</b>				Applies the principles of quality improvement to service redesign.		

<sup>2</sup> 'boundaries' = traditional boundaries in the healthcare system between different professions, areas of clinical practice, and/or geographies.

<sup>3</sup> 'beyond your organisation' = at a local, regional, national and/or international level.

Contributes to the governance agenda at a senior level; effectively manages people, resources and risk at a team and/or service level to maximise the quality of patient care.	3.3	Motivates and effectively manages individual and/or team performance at an organisational level <sup>4</sup>	e.	Leads on the successful implementation of innovative ideas with quantifiable outcomes.	3.6 4.4 4.5
			f.	Leads and manages the implementation of complex projects and programmes, including at an organisational level.	
			g.	Leads on multi professional and/or multisector collaborative projects working with other healthcare professionals to improve service(s).	
			h.	Anticipates and manages barriers to change; manages stakeholder challenge and tension to deliver service and behavioural change successfully.	
			i.	Influences individuals and/or teams for service change; listens, motivates and supports them successfully through change processes.	
			j.	Evaluates the effectiveness of any service improvement and shares outcomes beyond their organisation to influence wider change.	
	3.3	Motivates and effectively manages individual and/or team performance at an organisational level <sup>4</sup>	a.	Communicates strategic vision effectively with individuals and/or teams; ensures individuals and/or teams understand how they contribute to achieving the vision.	3.6 4.4 4.5
			b.	Breaks down strategic vision into discrete operational deliverables and delegates appropriately to individuals/teams.	
			c.	Sets appropriate goals and objectives for individuals and/or teams which align to organisational, local, regional and national strategies; motivates individuals and/or teams to achieve these.	
			d.	Establishes methods for measuring performance of individuals and/or teams; critically analyses performance against agreed standards.	
			e.	Identifies poor performance and take responsibility for ensuring appropriate development opportunities and remedial actions are taken to address concerns in line with organisational performance management policies.	
3.3	Motivates and effectively manages individual and/or team performance at an organisational level <sup>4</sup>	f.	Provides effective feedback to individuals/team that recognises good performance and identifies areas for improvement; proactively addresses the areas for improvement and monitors progress.	3.6 4.4 4.5	
		g.	Provides support and guidance to others in identifying and managing concerns about poor performance or unacceptable behaviour.		
		h.	Acts as a role model to colleagues by demonstrating high levels of professionalism; treats all involved with dignity and respect.		
3.4		a.	Manages resources effectively to ensure financial sustainability of service delivery.	4.2	

<sup>4</sup> This outcome does not require evidence of **direct** line management; individuals can achieve this outcome by providing evidence of indirect management and/r supervision which meets the outcome descriptors and may also provide retrospective evidence from previous roles.

		<b>Manages resources effectively to maximise impact on patient care at an organisational level</b>	<b>b.</b>	Influences and monitors clinical effectiveness and efficiency to enhance management of resources.		
			<b>c.</b>	Develops and/or contributes to business cases to support further resource and/or reconfigure current resource.		
		<b>3.5</b>	<b>Shapes and contributes to the governance agenda at a senior level within their organisation and beyond; develops and monitors standards of practice and risk management policies/protocols at a team and/or service level.</b>	<b>a.</b>	Shapes clinical governance in their area of clinical practice and contributes to multi-professional governance both within and beyond their organisation.	3.2
				<b>b.</b>	Ensures individuals and teams apply governance principles in practice.	4.3
				<b>c.</b>	Sets standards of practice within their organisation related to their service(s); establishes processes to monitor and evaluate organisational compliance with standards of practice.	4.4
				<b>d.</b>	Reviews standards of practice regularly to ensure they are up to date; makes improvements informed by evidence.	
				<b>e.</b>	Implements measures to identify, assess and manage risks to the team and/or service as well as review existing risks.	
				<b>f.</b>	Identifies patterns of risk within the team and/or service, escalates appropriately and develops solutions to mitigate these.	
				<b>g.</b>	Communicates complex risks clearly to relevant internal and external stakeholders.	
				<b>h.</b>	Provides professional leadership in analysis of patient safety events.	
		<b>i.</b>	Adheres to financial and information governance principles in delivery of their service(s).			
<b>Domain 4</b>	<b>Manages education provision across boundaries both within and outside of their organisation; interprets national policy to shape the education and development of the workforce in their area of clinical practice.</b>	<b>4.1</b>	<b>Manages the professional development of individuals within a team and/or service.</b>	<b>a.</b>	Creates a culture within their team(s)/service which promotes and encourages self-development and continued learning.	5.2
<b>b.</b>				Supports individuals to undertake a learning-needs analysis and produce an appropriate development plan.	5.3	
<b>c.</b>				Coaches and/or mentors individuals, including those practising at an advanced level, to support them with their professional development.	5.4	
<b>d.</b>				Demonstrates best practice in the clinical and educational supervision of individuals.		
<b>4.2</b>		<b>Shapes and contributes to educational provision for patients and healthcare professionals in their area of expertise within and beyond their organisation.</b>	<b>a.</b>	Applies best practice in clinical education, including the principles of delivering effective learning, training and assessment to groups of learners.	5.3	
			<b>b.</b>	Supports the development of both the pharmacy and wider multidisciplinary team by delivering evidence-based education interventions.	5.4	
			<b>c.</b>	Shapes, contributes to and/or is accountable for the development of curricula, educational resources and/or assessments in their area of clinical practice.	5.5	
			<b>d.</b>	Collaborates with external educational bodies and/or stakeholders to develop and deliver education provision in their area of clinical practice.		
			<b>e.</b>	Designs and/or supports the delivery of patient education.		
			<b>f.</b>	Evaluates the effectiveness and impact of their education-related activities and outcomes; collates data and feedback, adapting their approach when necessary.		
<b>4.3</b>		<b>Interprets national policy to create strategic approaches to local workforce education, planning and development.</b>	<b>a.</b>	Works with educational commissioners and/or providers to identify local workforce training needs and develop education and training provision to improve patient care in their area of clinical practice.	1,2	

				b.	Ensures local educational activities relating to their area of clinical practice align with national policy.	5.6
<b>Domain 5</b>  <b>Research</b>	<b>Critically evaluates the literature and evidence-base to inform and improve service delivery within their organisation and beyond</b>	5.1	<b>Applies critical evaluation skills in the context of their working practice; uses research and evidence-base to inform and develop practice and services improving patient care at an organisational level and beyond.</b>	a.	Critically appraises and synthesises the outcomes of relevant research, evaluation and audit to inform, develop and improve service delivery and therapeutic pathways.	6.1
				b.	Demonstrates development and revision of guidelines and pathways to improve service delivery, centered around current clinical research and evidence-based healthcare.	6.5
				c.	Engages with and critiques published literature e.g. participation in journal clubs.	
	<b>Identifies gaps in the evidence base and designs research protocols to generate new evidence and improve patient care</b>	5.2	<b>Formulates research questions based on gaps in the evidence base; designs rigorous research protocols to address these and at organisational level and beyond.</b>	a.	Critically evaluates and reviews the evidence base to identify gaps relevant to their area of clinical practice, designing appropriate methodology to formulate research questions	6.2
				b.	Develops research protocols, selecting appropriate study design and method(s) to answer research questions.	6.3
				c.	Develops and critically reviews research protocols which impact beyond their organisation.	
		5.3	<b>Generates new evidence through research; communicates findings to influence practice and improve patient care beyond their organisation.</b>	a.	Understands effective research methods, including qualitative and quantitative approaches to scientific enquiry.	6.4
				b.	Develops, implements and reviews research strategy in line with organisational priorities.	2.2
				c.	Critically engages in research activity, adhering to good research practice guidance.	
	5.4	<b>Contributes to research supervision in collaboration with research experts.</b>	a.	Supports others to act as supervisors for research projects.	6.6	
			b.	Is an active member of a research organisation or working groups.		
	5.5	<b>Collaborates with the wider multidisciplinary team to conduct research projects.</b>	a.	Develops stakeholder research networks across and between professions to facilitate multidisciplinary research.	6.7	
			b.	Collaborates with researchers from across the multidisciplinary team.		